

Preferred Provider Organizations & Indemnity Plans

1998 Benefit Summary For: Supplement To Medicare Only



	CalPERS Supplement to Medicare Preferred Provider Organizations & Indemnity Plans Benefit Summary																				
	Hospital		Physician Care						Diagnostic X-Ray/Lab	Prescription Drugs		Durable Medical Equipment	Ambulance	Emergency Services		Mental Health		Substance Abuse		Home Health Services	
	Inpatient	Outpatient	Office Visits (includes home & hospital)	Allergy Testing/ Treatment	Vision Exam (refraction)	Immunization/ Inoculation	Gynecological Exam (Pap Smear & Breast Exam)	Periodic Health Exam	Outpatient	Pharmacy	Mail Order Program			In-Area	Out-Of-Area	Inpatient	Outpatient	Inpatient	Outpatient	Medically necessary services. (Custodial care not covered.)	
PERSCare																					
	No Charge If Medicare approved.*†	No Charge If Medicare approved.*†	No Charge If Medicare approved.*	No Charge If Medicare approved.*	Excess Charges (See EOC.)	No Charge If Medicare approved.*†	No Charge If Medicare approved.*	Not Covered	No Charge If Medicare approved.*	\$5/prescription Generic 34-day supply. \$10/prescription Brand name 34-day supply.	\$5/ prescription 90-day supply.	No Charge If Medicare approved.* Rental or purchase of physician-prescribed equipment which has a solely therapeutic value.	No Charge If Medicare approved.*	No Charge If Medicare approved.*	No Charge If Medicare approved.*	No Charge (See EOC for details of coverage.)*†	Excess Charges* (See EOC.) Physician charges limited to \$32 per day.	Not Covered	Not Covered	No Charge If Medicare approved.*	
PERS Choice																					
	No Charge If Medicare approved.*	No Charge If Medicare approved.*	No Charge If Medicare approved.*	No Charge If Medicare approved.*	Excess Charges (See EOC.)	No Charge If Medicare approved.*	No Charge If Medicare approved.*	Not Covered	No Charge If Medicare approved.*	\$5/prescription Generic 30-day supply. \$10/prescription Brand name 30-day supply.	\$5/ prescription 90-day supply.	No Charge If Medicare approved.* Rental or purchase of physician-prescribed equipment which has a solely therapeutic value.	No Charge If Medicare approved.*	No Charge If Medicare approved.*	No Charge If Medicare approved.*	No Charge If Medicare approved.*	No Charge If Medicare approved.* (See EOC & Medicare Handbook.)	Not Covered	Not Covered	No Charge If Medicare approved.*	
CAHP Health Benefits Trust ★																					
	No Charge If Medicare approved.*	No Charge If Medicare approved.*†	No Charge If Medicare approved.*†	No Charge If Medicare approved.*†	\$15 Limited benefit. (See EOC.)	No Charge If Medicare approved.*†	No Charge If Medicare approved.*†	Not Covered	No Charge If Medicare approved.*†	\$5/prescription Generic 34-day supply. \$10/prescription Brand name 34-day supply. See EOC for brand name benefits. 20% - Diabetic Supplies.	\$10/ prescription 90-day supply.	No Charge If Medicare approved.*† Must be ordered by a physician & required for the care of an illness or injury.	No Charge If Medicare approved.*†	No Charge If Medicare approved.*†	No Charge If Medicare approved.*†	No Charge For Medicare approved inpatient services. 20% When Medicare payments are not payable.*† (Refer to EOC.)	Excess Charges*† (Refer to EOC.)	Not Covered	Not Covered	No Charge If Medicare approved.*†	
CCPOA Managed Care Plan ★ (CORE Plan Benefits)																					
	No Charge	No Charge	No Charge	No Charge	Not Covered	No Charge	No Charge	No Charge	No Charge	\$7/prescription Mandatory generic.	\$18 90-day supply.	No Charge No dollar maximum.	No Charge	No Charge	No Charge	No Charge Lifetime maximum of 190 days.	No Charge As approved by Medicare.	No Charge Detoxification only.	No Charge As approved by Medicare.	No Charge	
CPFA Plan																					
	No Charge If Medicare approved.†	No Charge If Medicare approved.†	No Charge If Medicare approved.†	No Charge If Medicare approved.†	Excess Charges (See EOC.)	Not Covered	No Charge If Medicare approved.*†	No Charge If Medicare approved.*† (Cancer screening only.)	No Charge If Medicare approved.*†	Rx card-member pharmacy. \$4/prescription Generic drugs. \$10/prescription Brand name drugs. Excludes drugs for weight control & drug addiction.	\$2/ prescription Up to 90-day supply.	No Charge If Medicare approved.†	No Charge If Medicare approved.†	Based upon services provided.	Based upon services provided.	See EOC for specifics of mental/nervous coverage.†	See EOC for specifics of mental/nervous coverage.†	Not Covered	No Charge If Medicare approved.†	No Charge	
PORAC Supplement to Medicare ★																					
	No Charge If Medicare approved. After Medicare benefits are exhausted, plan pays up to 365 additional days each benefit period. (See EOC.)	No Charge If Medicare approved.*	No Charge If Medicare approved.*†	No Charge If Medicare approved.*†	20% For annual exam. Up to \$40 Frames & lenses combined. (See EOC.)	No Charge If Medicare approved.†	No Charge If Medicare approved.*†	Not Covered	No Charge If Medicare approved.*†	20% Plus the first \$50 of charges in each calendar year.	\$10/generic \$20/brand name.	No Charge If Medicare approved.*†	No Charge If Medicare approved.*†	No Charge If Medicare approved.*†	No Charge If Medicare approved.*†	No Charge If Medicare approved.*† See EOC for limitations.	No Charge If Medicare approved.*† Major Medical Benefits are paid at 50% & are limited. See EOC for specifics.	Not Covered Unless Medicare approved.	Not Covered Unless Medicare approved.	No Charge If Medicare approved.*†	

★ **Arbitration:** Enrollment in this plan constitutes an agreement to have certain claims or controversy decided by neutral arbitration and member waives right to jury or court trial.
Note: Annual maximums for copayments or “out-of-pocket” expenses vary by plan. Refer to the plan’s EOC booklet for further information.

	CalPERS Supplement to Medicare Preferred Provider Organizations & Indemnity Plans Benefit Summary (continued)													
	Skilled Nursing Care	Speech/Physical/Occupational Therapy			Acupunture/Biofeedback/Chiropractic			Other			Hearing Aid Services		Deductibles & Footnotes	
	Medically necessary services. (Custodial care not covered.)	Speech	Physical	Occupational	Acupuncture	Biofeedback	Chiropractic	Unreplaced Blood & Blood Products	Health Education Classes	Hospice	Audiological Exam	Hearing Aid		
PERSCare														
	No Charge If Medicare approved* from 1-100 days. 20%* from 101-365 days.	No Charge If Medicare approved.*† (See EOC for limitations.)	No Charge If Medicare approved.*†	No Charge If Medicare approved.*†	20%† Limited to 20 visits per calendar year.	No Charge If Medicare approved.*	No Charge If Medicare approved.*	20%† First three units.	Not Covered	No Charge If Medicare approved.*	20%†	20%†	No Deductible. †If benefits are not covered by Medicare, the plan will pay 80% of covered charges if you use a Blue Shield Preferred Provider. However, if you use Non-Preferred Providers, the plan will pay 80% of the allowed amount as determined by Blue Shield & your responsibility will be 20% of the allowed amount & any charges in excess of the allowed amount. *If benefits are payable by Medicare & you use a provider who accepts Medicare assignment, covered services will be paid in full. However, if you use a provider who does not accept Medicare assignment, you will be responsible for any remaining balance after payment has been made by PERSCare & Medicare.	
PERS Choice														
	No Charge Up to 100 days each benefit period in a Medicare approved facility.	No Charge If Medicare approved.*	No Charge If Medicare approved.*	No Charge If Medicare approved.*	Not Covered	No Charge If Medicare approved.*	No Charge If Medicare approved.*	No Charge If Medicare approved.*	Not Covered	No Charge If Medicare approved.*	20%†	20%†	No Deductible. † \$1,000 maximum per member once every 36 months for the hearing aid. * If benefits are payable by Medicare & you use a provider who accepts Medicare assignment, covered services will be paid in full. However, if you use a provider who does not accept Medicare assignment, you will be responsible for any remaining balance after payment has been made by PERS Choice & Medicare.	
CAHP Health Benefits Trust ★														
	No Charge If Medicare approved.† 20% If Medicare benefits are exhausted, pays days 101-365.*†	No Charge When approved by Medicare.*† (See EOC for limitations.)	20%*†	No Charge When approved by Medicare.*†	No Charge† Payable under physician home & office visits when approved by Medicare 20%*† If not approved by Medicare, payable under Major Medical with approved treatment plan. Applies to each service.			20% First three units.*†	Not Covered	No Charge Maximum lifetime payment of \$5,000.*†	10% \$1,000 max. per member, once every 36 months. Refer to EOC.		\$100/Individual* * If benefits are not payable by Medicare, the plan will provide Major Medical Benefits after a \$100 deductible (per member per calendar year) is met. Benefits are then paid at 80% of the first \$15,000 of covered expense (\$12,000 payment); 100% thereafter each calendar year. Maximum lifetime benefit: \$1,000,000. † If Medicare benefits are payable and the provider does not accept Medicare assignment, you will be responsible for any difference between Medicare approved charges & the customary & reasonable charges as determined by Blue Cross.	
CCPOA Managed Care Plan ★ (CORE Plan Benefits)														
	No Charge Up to 100 days per year.	No Charge	No Charge	No Charge	Not Covered	No Charge If Medicare approved.	Not Covered	No Charge	No Charge	No Charge	No Charge	No Charge \$1,000 benefit for every 36 months.	Full indemnity benefits for those living outside of the Core Network Service Area are not described here. See EOC for benefit and deductible information.	
CPFA Plan														
	Up to 100 days if Medicare approved.	No Charge If Medicare approved.† (See EOC for limitations.)	No Charge If Medicare approved.†	No Charge If Medicare approved.†	For specifics of acupuncture coverage, see EOC.	No Charge If Medicare approved.	For specifics of chiropractic coverage, see EOC.	20% First three units.*	Not Covered	No Charge If Medicare approved.†	Not Covered	Not Covered	\$200/Individual (for benefits excess of Medicare). † For Medicare approved services, providers who have agreed to accept assignment of Medicare benefits will consider the plan's payment, plus Medicare payment as payment in full for covered charges. Providers who do not accept Medicare benefits may not consider this plan's payment as payment in full & you are responsible for payment of any balances. * When Medicare benefits are payable, the plan will pay 30% of reasonable & customary charges after you have met a \$200 calendar year deductible.	
PORAC Supplement to Medicare ★														
	No Charge If Medicare approved. After Medicare benefits are exhausted, plan pays from days 101-365 each benefit period. (See EOC.)	No Charge If Medicare approved.*† (See EOC for limitations.)	No Charge If Medicare approved.*†	No Charge If Medicare approved.*†	20% Major Medical Benefits*†	For specifics of coverage, see EOC.	No Charge If Medicare approved.*†	20% Major Medical Benefits.* (No charge first three units.)	Not Covered	No Charge If Medicare approved.*†	20% Up to \$50 for each exam in connection with hearing aid purchase.	20% Up to \$450 for each ear per 36 month period.	\$100/Individual; \$200/Family * The plan will provide Major Medical Benefits (MMB) up to a lifetime maximum payment of \$2,000,000 per member for specified services covered by the plan, but not by Medicare. MMB are subject to annual deductible for each member & are then paid at 80% of the first \$15,000 (\$12,000 payment) of the customary & reasonable (C&R) charges (determined by Blue Cross); 100% of that C&R allowance thereafter. See EOC for exceptions & specific information on benefits & payment amounts. † If Medicare benefits are payable and the provider does not accept Medicare assignment, you will be responsible for any difference between C&R charges (determined by Blue Cross) and billed charges.	

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